Health Care Provider Stabilization Grant Program¹

Expenditures Guide

OVERVIEW

The Health Care Provider Stabilization Grant Program application includes three categories of expenses:

- Federally reimbursable expenses: a category of expenses that the United States Federal government deems eligible for emergency response.
- Vermont-expanded reimbursable expenses: a more expansive category of expenses for which the State of Vermont is extending coverage.
- Other COVID-19-specific eligible expenses: a category of expenses that may be eligible for reimbursement, based on applicant submitted information and subject to Agency of Human Services review and determination.

Applicants are required to tabulate these expenses by category. Applicants that have total expenses (across all three categories) in an amount that is greater than \$131,100 will be required to upload the invoices and receipts separately, by category. More information on upload requirements can be found here. Applicants should categorize expenses per the charts below.

IDENTIFYING ELIGIBLE EXPENSES

CATEGORY	LIKELY TO BE ELIGIBLE (INCLUDING, BUT NOT LIMITED TO)	NOT LIKELY TO BE ELIGIBLE
Federally reimbursable Expenses ²	 COVID-19-specific emergency medical care: Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility Related medical facility services and supplies Non-reimbursable testing and screening (e.g. costs related to temperature screening patients/clients at building entry) Use of specialized medical equipment Medical waste disposal Emergency medical transport 	Any billable costs

¹ Version Three. July 26, 2020

² See multiple sources, https://www.fema.gov/media-library/assets/documents/187108

CATEGORY	LIKELY TO BE ELIGIBLE (INCLUDING, BUT NOT LIMITED TO)	NOT LIKELY TO BE ELIGIBLE
Federally reimbursable Expenses	COVID-19-specific management, control, and reduction of immediate threats to public health and safety: • Training specific to COVID-19 • Disinfection of facilities, and related supplies • COVID-19-related services and supplies	 Training for the purposes of training individuals to pursue the same activities as their paying careers (for example, vocational, academic, or professional training) Training conducted for only a brief period, or at irregular intervals. Normal prevention and supply costs. Example: Pre-COVID-19, the cost to disinfect the applicant's facility is \$1,000 per cleaning, and the applicant disinfected facilities once per month. During the COVID-19 pandemic, the cost to disinfect the applicant's facility rose to \$2,000 per cleaning and the cadence increased to 5 times per month. This grant award will cover the marginal costs increases, which are those costs above and beyond the "normal" costs for that same service or supply. In this example, the eligible costs for one month would be: \$9,000. This eligible cost is determined by taking \$10,000 (the new monthly cost for cleaning) and subtracting \$1,000 (the normal monthly cost cleaning).
	 COVID-19-specific other Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits Movement of supplies and persons Communications of general health and safety information to the public 	

CATEGORY	LIKELY TO BE ELIGIBLE (INCLUDING, BUT NOT LIMITED TO)	NOT LIKELY TO BE ELIGIBLE
Vermont- Expanded Reimbursable Coverage	COVID-19-specific materials for patients and clients • Prepaid wireless phones and minutes • Activity kits COVID-19-specific Information Technology (IT) & Telehealth • Costs related to transitioning to Telehealth for staff • Tablets, Laptops, etc. • Telehealth licenses (e.g. Zoom) • Extra mileage • Telecommuting supplies • Legal fees related to the transition	Normal IT & Telehealth costs. Example: Pre-COVID-19, provider entity had 30 licenses to provide telehealth to patients/clients for a total monthly cost of \$300. During the COVID-19 pandemic, provider increased to 50 licenses to provide telehealth to patients/clients for a total monthly cost of \$500. This grant award will cover the marginal costs increases, which are those costs above and beyond the "normal" costs for that same service or supply. In this example, the eligible costs for one month would be: \$200. This eligible cost is determined by taking \$500 (the new monthly cost for telehealth licenses) and subtracting \$300 (the normal monthly cost for telehealth licenses).
	COVID-19-specific Difficulty of Care stipends (DA/SSA/TBI providers only) • Shared Living Provider • Unpaid Family Caregiver • Adult Family Care	Payments not authorized by DAIL

CATEGORY	LIKELY TO BE ELIGIBLE (INCLUDING, BUT NOT LIMITED TO)	NOT LIKELY TO BE ELIGIBLE
Other COVID-19-specific Eligible Expenses ³	 Security and law enforcement Costs related to expanding a primary medical care facility to effectively respond to COVID-19. Costs must be feasible and cost-effective. Emergency Operation Center costs Temporary medical facilities and/or enhanced medical/hospital capacity (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot accommodate the patient load or to quarantine potentially infected persons) COVID-19-related renovations (e.g. installation of glass shields) Purchase, lease, and delivery of specialized medical equipment necessary to respond to COVID-19 (equipment purchases are subject to disposition requirements) 	 Hazard Pay⁴ Unemployment Insurance Vacation buybacks and other types of staff bonuses In most cases, permanent renovations are not eligible unless the Applicant can demonstrate that the work can be completed in time to address COVID-19 capacity needs and is the most costeffective option. Any future or anticipated costs Any costs incurred after the application period.

 ³ See multiple sources, https://www.fema.gov/media-library/assets/documents/187108
 ⁴ Hazard Pay requests have different eligibility requirements and are being processed through a separate application.

TYPE OF EXPENSE	TYPE OF INFORMATION TO SUPPORT EXPENSES REQUESTS	
For Labor (not hazard pay) ⁶	 Number of personnel; average hours per day; average days per week; and Average pay rate. If not available, AHS will estimate at \$20 per hour 	
For Equipment	 If Applicant's own equipment: the amount of equipment used, by type; average hours per day; and days per week; and hourly rate. If not available, AHS will estimate based on AHS equipment rates. If rented equipment, rental agreement with pricing; or Purchase price, if purchased. 	
For Materials	 Amount of materials, by type; and Purchase or stock replenishment cost. 	
For Contract Work	 A copy of the request for proposals, bid documents, or signed contracts, if available. If contracts are not available, provide unit price estimates with the basis for the unit prices (e.g., historical pricing, vendor quotes). 	
For Other	High-level information which can substantiate costs	

⁵ See source, https://mil.wa.gov/asset/5ea323bf4024e

⁶ Hazard Pay requests have different eligibility requirements and are being processed through a separate application.